

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/474801		FILING DATE 12-29-99		
CLAIMS							APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4	/						54				
5		/					55	/			
6		/					56				
7		/					57				
8	/						58				
9	/	/					59				
10	/	/					60				
11		/					61				
12		/					62				
13							63				
14							64				
15							65				
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17							67				
18							68				
19							69			ppp	
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS	11						TOTAL CLAIMS				